

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **301019142** FILING DATE _____
APPLICANT(S) _____

CLM NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3						
4	2		1			
5				1		
6			1			
7			1			
8			1			
9	1		1			
10			1			
11			1			
12			1			
13			1			
14			1			
15			1			
16		1				
17			1			
18			1			
19			1			
20			1			
21	0		1			
22	0		1			
23	0		1			
24	0		1			
25	0		1			
26			1			
27			1			
28			1			
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47						
48						
49						
50						
TOTAL IND.		2	2			
TOTAL DEP.		2b				
TOTAL CLAIMS		2b				

CLM NO.	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						